

Student Name: Example Student (change interventions/ target behavior to fit need

Day/Date: _____

Current Supports and Interventions: choices, visuals, behavior specific praise (attention) when engaged in activities appropriately

Time Blocks/minutes	Aggression/Property Destruction (throwing books down, throwing chairs down hitting peers, etc.) (Y/N)	Refusal/ inability to follow directive (with supports) (Y/N)	Total duration of active engagement in activity (minutes) CIRCLE ONE
Arrival/Breakfast	Yes No	Yes No	5 10 15 20 25 25 30
Morning Meeting	Yes No	Yes No	5 10 15 20 25 25 30
Music/Movement	Yes No	Yes No	5 10 15 20 25 25 30
Read Aloud	Yes No	Yes No	5 10 15 20 25 25 30
Center Time	Yes No	Yes No	5 10 15 20 25 25 30
Clean-up	Yes No	Yes No	5 10 15 20 25 25 30
Gross Motor	Yes No	Yes No	5 10 15 20 25 25 30
Lunch Time	Yes No	Yes No	5 10 15 20 25 25 30
Quiet Time	Yes No	Yes No	5 10 15 20 25 25 30
Whole Group	Yes No	Yes No	5 10 15 20 25 25 30
Center Time	Yes No	Yes No	5 10 15 20 25 25 30
Closing Circle/Dismissal	Yes No	Yes No	5 10 15 20 25 25 30
	Notes:	Notes:	Notes:

